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## BIB DATA SHEET

CONFIRMATION NO. 5148

<b>SERIAL NUMBER</b> 10/565,002	<b>FILING or 371(c) DATE</b> 01/19/2006 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3709	<b>ATTORNEY DOCKET NO.</b> 2590-146		
<b>APPLICANTS</b> Santiago Echeverri, Lausanne, SWITZERLAND; <i>AG</i>						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/CH04/00466 07/23/2004 <i>AG</i>						
<b>** FOREIGN APPLICATIONS *****</b> SWITZERLAND PCT/CH03/00502 07/24/2003 <i>AG</i>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 05/10/2006						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <i>AG</i> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWINGS</b> 15	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> NIXON & VANDERHYE, PC 901 NORTH GLEBE ROAD, 11TH FLOOR ARLINGTON, VA 22203 UNITED STATES						
<b>TITLE</b> Orientation device for surgical implement						
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		